

COMMERCIAL CARD - CARDHOLDER ACCOUNT FORM

- ☐ New
- ☐ Change (complete name and fields to be changed)
- ☐ Close/Delete (complete name)

Company Information

Company Name: **CITY OF LONG BEACH**

Cardholder Information

Cardholder Name:
(24 characters)

Employee ID Number
(leave blank)

Department (line 2)
(24 characters)

Date of birth:

Address (site location):
Line 1 (35 characters)

Activation
Password:

Address (site location):
Line 2 (35 characters)

Work phone:

City: **LONG BEACH** State: **CA**

Internet email:

Zip code:

Reporting Hierarchy (required information)

Reporting Hierarchy
(Level Numbers)

Level 2 (Department code)

Level 3 (Bureau code)

Cardholder Controls (required unless specified)

Credit Limit:

Single Purchase Limit:

Authorizations Per Day:

Transactions per Cycle:

Dollars Per Day (optional):

MCC Group EXCLUDE:

Accounting Information

	index (required)	subobject (required)	usercode	project	project detail	grant	grant detail
default							

Cardholder Approvals

Prepared by:

Prepared by phone:

On-line Approver:

Approver phone:

Manager:

Manager phone:

Dept Head (or designee)

Signature: _____ Date: _____

Approved by: PEGGY L CHAMBERS
Pcard Administrator

Signature _____ Date _____